



MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

1800 Washington Blvd, Baltimore, MD 21230
410-537-3167 • 1-800-633-6101 x 3167 • TTY Users: 1-800-735-2258

APPLICATION FOR OPERATOR EXAMINATION

The application fee is \$50.00 for each examination, and must be sent with the application. An incomplete application will be returned to the applicant. The application must be received by the Board at least 21 days prior to the preferred examination date. **Make checks or money orders payable to the Board of Waterworks and Waste Systems Operators. Return application and fee to: Maryland Department of the Environment, PO Box 2057, Baltimore, MD 21203-1708**

I. GENERAL INFORMATION:

Name: _____ SSN (Last 4 digits): _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone #: _____ Email: _____

Certification #: _____ Expiration Date: _____

II. CATEGORY AND CLASS EXAMINATION APPLYING FOR (CIRCLE BELOW):

<u>CATEGORY</u>	<u>CLASS</u>								
Wastewater Treatment Plant Operator (W)	1	2	3	4	5	6	S	A	
Water Treatment Plant Operator (T) <i>(For Water 5, write RO, DE, Arsenic, or GWUDI)</i>	1	2	3	4	5	G	Water 5 Option: _____		
Water Distribution Systems Operator (D)	1								
Wastewater Collection System Operator (C)	2								
Industrial Wastewater Works Operator (I)	1	2	3	4	5	6	7		

SELECT AND PROVIDE DATES:

Refer to the Examination Schedule on the Board's website for available dates each time you apply. Seats are limited and will be filled in the order applications are received.

Requested Date: _____ Alternate Date: _____

Third Party Location Check Here: _____

All third party examinations have an additional fee paid at time of registration. Testing agency (PSI) will contact applicant with further instructions. **YOU MUST INCLUDE A VALID EMAIL ADDRESS.**

THIS APPLICATION MUST BE COMPLETED IN IT'S ENTIRETY

III. CURRENT EMPLOYMENT INFORMATION:

Employer's Name: _____

Telephone #: _____

Name of the Facility: _____

Class: _____

IV. APPLICANT'S STATEMENT:

I hereby affirm that this application contains no willful misrepresentations or falsification and that this information given by me is true and complete to the best of my knowledge and belief. I am aware that should an investigation at any time disclose my misrepresentation or falsification, my application will be disapproved or my certification will be revoked.

Applicant's Signature

Date

This notice is provided pursuant to State Government Article, § 10-624, Maryland Code Annotated. The personal information requested on this form is intended to be used in processing your application. Failure to provide the information requested may result in your application not being processed. You have the right to inspect, amend, or correct this form. The Maryland Department of the Environment ("MDE") is a public agency and subject to the Maryland Public Information Act. This form is subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or State law.